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Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning July 1, 2011, and
ending June 30, 20 12. **See separate instructions.**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) University of Nebraska Number, street, and room or suite no. if a P.O. box, see instructions. 3835 Holdrege Street City or town, state, and ZIP code Lincoln, Nebraska 68583-0742	D Employer identification number (Employees' trust, see instructions.) 47-0048123
		E Unrelated business activity codes (See instructions.) 443120 451110

C Book value of all assets at end of year: **3,682,658,000**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity: **Education support services, advertising, sporting goods**

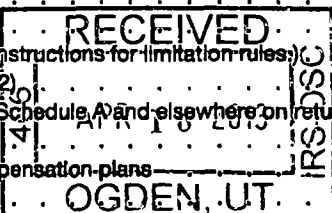
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of: **Keith Lauber, Dir of Acct** Telephone number: **402-472-7156**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 4,428,313			
b	Less returns and allowances			
c	Balance	4,428,313		
2	Cost of goods sold (Schedule A, line 7)	3,274,065		
3	Gross profit. Subtract line 2 from line 1c	1,154,248		1,154,248
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	276,760	15,512	261,248
12	Other income (See instructions; attach schedule.)	1,983,141		1,983,141
13	Total. Combine lines 3 through 12	3,414,149	15,512	3,398,637

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			1,735,230
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			8,384
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)			
22a	Less depreciation claimed on Schedule A and elsewhere on return			
22b	Depreciation			135,086
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			1,335,206
29	Total deductions. Add lines 14 through 28			3,213,886
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			184,751
31	Net operating loss deduction (limited to the amount on line 30)			184,751
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-0-
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.			-0-



SCANNED APR 30 2013

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34		35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d			40e
41 Subtract line 40e from line 39			41
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8666 <input type="checkbox"/> Other (attach schedule)			42
43 Total tax. Add lines 41 and 42			43
44a Payments: A 2010 overpayment credited to 2011	44a		
b 2011 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g		
45 Total payments. Add lines 44a through 44g			45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax ▶ Refunded ▶			49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ <u>Afghanistan, Mongolia</u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year. ▶ \$ _____		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	109,815	6 Inventory at end of year	6	105,858
2 Purchases	2	3,260,998	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	3,274,065
3 Cost of labor	3	10,112	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	3,379,723			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Lorraine A. Egger 04-08-13 SR VP
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/preparer's name <u>Lorraine A. Egger</u>	Preparer's signature <u>Lorraine A. Egger</u>	Date <u>4/3/13</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00223617</u>
	Firm's name ▶ <u>KPMG LLP</u>			Firm's EIN ▶ <u>13-5565207</u>	
	Firm's address ▶ <u>TWO CENTRAL PARK PLAZA, SUITE 1501</u>			Phone no. <u>402-348-1450</u>	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see Instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E—Unrelated Debt-Financed Income (see Instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 8 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part I, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) UNL Athletics	241,507	0				
(2) UNL Scarlet	10,981	6,725				
(3) UNK Newspaper	24,292	8,787				
(4)						
Totals (carry to Part II, line (5))	276,760	15,512				

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 276,760	Enter here and on page 1, Part I, line 11, col. (B). 15,512				Enter here and on page 1, Part I, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Alternative Minimum Tax—Corporations

OMB No. 1545-0176

2011

▶ See separate instructions.
 ▶ Attach to the corporation's tax return.

Name University of Nebraska	Employer identification number 47-0049123
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Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1 Taxable income or (loss) before net operating loss deduction		1	184,751
2 Adjustments and preferences:			
a Depreciation of post-1986 property		2a	
b Amortization of certified pollution control facilities		2b	
c Amortization of mining exploration and development costs		2c	
d Amortization of circulation expenditures (personal holding companies only)		2d	
e Adjusted gain or loss		2e	
f Long-term contracts		2f	
g Merchant marine capital construction funds		2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i Tax shelter farm activities (personal service corporations only)		2i	
j Passive activities (closely held corporations and personal service corporations only)		2j	
k Loss limitations		2k	
l Depletion		2l	
m Tax-exempt interest income from specified private activity bonds		2m	
n Intangible drilling costs		2n	
o Other adjustments and preferences		2o	
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.		3	184,751
4 Adjusted current earnings (ACE) adjustment:			
a ACE from line 10 of the ACE worksheet in the instructions	4a		184,751
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions).	4b		
c Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c		
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive).	4d		
e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		4e	
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	184,751
6 Alternative tax net operating loss deduction (see instructions)		6	166,276
7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		7	18,476
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):			
a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a		-0-
b Multiply line 8a by 25% (.25)	8b		-0-
c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-		8c	40,000
9 Subtract line 8c from line 7. If zero or less, enter -0-		9	NONE
10 Multiply line 9 by 20% (.20)		10	NONE
11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)		11	NONE
12 Tentative minimum tax. Subtract line 11 from line 10		12	NONE
13 Regular tax liability before applying all credits except the foreign tax credit		13	NONE
14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	NONE

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

PART I - LINE 1a - GROSS RECEIPTS OR SALES

GROSS RECEIPTS OR SALES (See Unrelated Business Income Schedule) \$ 4,428,318

PART I - LINE 2 - COST OF GOODS SOLD

COST OF GOODS SOLD (See Unrelated Business Income Schedule) \$ 3,274,065

UNIVERSITY OF NEBRASKA
 47-0049123
 FORM 990-T
 FYE 6/30/2012

PART I - LINE 11 - ADVERTISING Income
 REFER TO UNRELATED BUSINESS INCOME SCHEDULE

	<u>REVENUE</u>
Athletics	\$ 241,507
Scarlet	10,961
University Newspaper	<u>24,292</u>
TOTAL	<u>\$ 276,760</u>

PART I - LINE 11 - ADVERTISING EXPENSE
 REFER TO UNRELATED BUSINESS INCOME SCHEDULE

	<u>SALARIES</u>	<u>OPERATING</u>	<u>UTILITIES</u>	<u>TOTAL</u>
Athletics	\$ -	\$ -	\$ -	\$ -
Scarlet	5,629	993	103	6,725
University Newspaper	<u>3,330</u>	<u>5,457</u>	<u>-</u>	<u>8,787</u>
TOTAL	<u>\$ 8,959</u>	<u>\$ 6,450</u>	<u>\$ 103</u>	<u>\$ 15,512</u>

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

PART I - LINE 12 - OTHER INCOME

FEES & RIGHTS (see Unrelated Business Income Schedule)	\$	1,331,665
RENTALS (see Unrelated Business Income Schedule)		<u>651,476</u>
PART I - LINE 12 - OTHER INCOME	\$	<u><u>1,983,141</u></u>

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

PART II - LINE 15 - SALARIES AND WAGES

SALARIES AND WAGES (See Unrelated Business Income Schedule)	\$	1,744,188
Less salaries and wages in Part I Line 11:		
Scarlet Advertising	\$	5,629
University Newspaper		3,330
		<u>8,959</u>
PART II - LINE 15 - SALARIES AND WAGES	\$	<u>1,735,230</u>

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

PART II - LINE 28 - OTHER DEDUCTIONS
REFER TO UNRELATED BUSINESS INCOME SCHEDULE

OPERATING EXPENSE	\$	825,213	
Less operating expense included in Part I Line 11:			
UNL Scarlet		993	
UNK University Newspaper		5,457	\$ 818,763
		<hr/>	
UTILITIES		52,704	
Less operating expense included in Part I Line 11:			
UNL Scarlet		103	52,601
OVERHEAD			<hr/>
			463,842
			<hr/>
PART II - LINE 28 - OTHER DEDUCTIONS	\$		1,335,206
			<hr/>

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

PART II - Line 31 - NET OPERATING LOSS DEDUCTION

CUMULATIVE CARRYFORWARD OF NOL FOR FISCAL YEARS, AS FOLLOWS:

6/30/1997	366,295
6/30/1998	108,607
6/30/1999	493,714
6/30/2000	555,620
6/30/2001	455,356
6/30/2002	358,607
6/30/2003	660,508
6/30/2004	609,713
6/30/2005	437,737
6/30/2006	429,270
6/30/2007	402,544
6/30/2008	261,332
6/30/2009	122,922
6/30/2010	153,481
TOTAL CUMULATIVE CARRYFORWARD OF NOL THROUGH 6/30/2012	<u>\$ 5,415,706</u>

NET OPERATING LOSS DEDUCTION LIMITED TO CURRENT YEAR INCOME;
CURRENT YEAR 2011-12 INCOME AS A GAIN

\$ 184,751

PART II - LINE 31 - NET OPERATING LOSS DEDUCTION

\$ 184,751

CARRYFORWARD CALCULATION TO 6/30/2013

BEGINNING BALANCE

\$ 5,415,706

06/30/1997 AMOUNT NOL UTILIZED DURING 6/30/2012

(184,751)

06/30/1997 AMOUNT NOL EXPIRED AFTER 6/30/2012

(181,544)

CUMULATIVE CARRYFORWARD OF AMOUNT NOL TO 6/30/2013

\$ 5,049,411

UNIVERSITY OF NEBRASKA
47-0049123
FORM 990-T
FYE 6/30/2012

FORM 4626 - LINE 6 AMOUNT NET OPERATING LOSS DEDUCTION

CUMULATIVE CARRYFORWARD OF NOL FOR FISCAL YEARS, AS FOLLOWS:

6/30/1997	366,295
6/30/1998	108,607
6/30/1999	493,714
6/30/2000	555,620
6/30/2001	455,356
6/30/2002	358,607
6/30/2003	660,508
6/30/2004	609,713
6/30/2005	437,737
6/30/2006	429,270
6/30/2007	402,544
6/30/2008	261,332
6/30/2009	122,922
6/30/2010	153,481
TOTAL CUMULATIVE CARRYFORWARD OF NOL THROUGH 6/30/2012	<u>\$ 5,415,706</u>

FORM 4626 - LINE 6 AMOUNT \$ 166,276

CARRYFORWARD CALCULATION TO 6/30/2013

BEGINNING BALANCE	\$ 5,415,706
06/30/1997 AMOUNT NOL UTILIZED DURING 6/30/2012	(166,276)
06/30/1997 AMOUNT NOL EXPIRED AFTER 6/30/2012	(200,019)
CUMULATIVE CARRYFORWARD OF AMOUNT NOL TO 6/30/2013	<u>\$ 5,049,411</u>

UNIVERSITY OF NEBRASKA
 UNRELATED BUSINESS INCOME SCHEDULE
 YEAR ENDED JUNE 30, 2012
 FIN #47-0049123

FORM 990	PARTS I AND II	CENTER FOR BIOTECHNOLOGY	PHYSICS SHOP	4-H CAMPS	ENGINEERING MECHANICAL	BUREAU OF SOCIAL RECH	WATER RESOURCES LAB	LIED CENTER	ATHLETICS	SCARLET ADVERTISING	CAMPUS RECREATION	RESIDENCE HALLS
		UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL	UNL
LINE 1	GROSS RECEIPTS OR SALES	\$ -	\$ 1,136	-	\$ 17,557	-	-	-	\$ 677,752	-	-	-
LINE 2	COST OF GOODS SOLD	-	944	-	8,968	-	-	-	384,439	-	-	-
LINE 3	GROSS PROFIT	-	192	-	8,589	-	-	-	293,313	-	-	-
LINE 12	OTHER INCOME	-	-	-	-	-	-	-	241,507	10,961	155,412	-
	Advertising	-	-	-	-	-	-	-	-	-	-	-
	Fees & Rights	31,662	-	29,324	-	145,613	28,954	-	-	-	40,906	-
	Rentals	-	-	-	-	-	-	309,158	49,705	-	-	47,947
LINE 13	TOTAL OTHER INCOME	31,662	192	29,324	8,589	145,613	28,954	309,158	291,212	10,961	196,318	47,947
	TOTAL INCOME	31,662	192	29,324	8,589	145,613	28,954	309,158	584,525	10,961	196,318	47,947
LINE 15	SALARIES & WAGES	6,003	-	13,872	-	113,687	16,542	94,606	133,181	5,629	164,604	-
LINE 16	REPAIRS	-	-	-	-	-	-	-	-	-	-	-
LINE 18	INTEREST	-	-	-	-	-	-	-	-	-	-	5,189
LINE 21	DEPRECIATION	1,880	41	154	54	-	16,643	42,210	6,541	-	7,751	15,523
LINE 28	OTHER DEDUCTIONS	-	-	-	-	-	-	-	-	-	-	-
	Printing	-	-	-	-	-	-	-	-	-	-	-
	Operating	9,005	-	16,187	-	24,576	19,676	85,780	49,504	890	38,607	39,480
	Supplies	-	-	-	-	-	-	-	-	-	-	-
	Utilities	209	8	-	49	619	2,633	5,485	-	103	9,053	5,196
	Overhead	5,965	229	1,065	2,232	6,797	2,148	51,766	192,088	346	19,607	17,054
	Net-Related Expenses	-	-	-	-	-	-	-	-	-	-	-
LINE 29	TOTAL DEDUCTIONS	15,179	237	17,252	2,281	31,992	24,457	143,031	242,012	1,339	67,267	61,730
LINE 30	TOTAL DEDUCTIONS	23,062	278	31,228	2,335	145,679	57,642	279,847	381,734	6,968	239,622	82,442
LINE 30	UBTI Before NOL	\$ 8,600	\$ (86)	\$ (1,904)	\$ 6,254	\$ (66)	\$ (28,688)	\$ 29,311	\$ 202,791	\$ 3,993	\$ (43,304)	\$ (34,495)

SCHEDULE A - COST OF GOODS SOLD

LINE 1	BEGINNING INVENTORY	\$ -	\$ -	-	-	-	-	-	-	-	-	-
LINE 2	PURCHASES	-	542	-	2,313	-	-	-	384,439	-	-	-
LINE 3	COST OF LABOR	-	402	-	6,655	-	-	-	-	-	-	-
LINE 4	a) 26EA COSTS	-	-	-	-	-	-	-	-	-	-	-
	b) OTHER	-	-	-	-	-	-	-	-	-	-	-
LINE 5	TOTAL	-	944	-	8,968	-	-	-	384,439	-	-	-
LINE 6	ENDING INVENTORY	-	-	-	-	-	-	-	-	-	-	-
LINE 7	COST OF GOODS SOLD	\$ -	\$ 944	-	\$ 8,968	-	-	-	\$ 384,439	-	-	-

UNIVERSITY OF NEBRASKA
 UNRELATED BUSINESS INCOME SCHEDULE
 YEAR ENDED JUNE 30, 2012
 FPN #47-0049113

FORM 990 PART I AND II	IS COMPUTER STORES USL	UNION CATERING UNL	HEALTH CENTER UNL	CHILD CARE CENTER UNL	KIMBALL HALL UNL	CHEMISTRY DEPT UNL	BIOLOGICAL CORE FACILITY UNL	SHELDON ART GALLERY UNL	NETY UNL	MUSEUM SHOP UNL	DAIRY STORE UNL	PRINTING SERVICES UNL	FACILITIES UNL
LINE 1 GROSS RECEIPTS OR SALES	\$ 2,698,868	\$ 60,323	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 233,014	\$ 562,961	\$ 83,563	\$ -
LINE 2 COST OF GOODS SOLD	2,394,443	27,265	-	-	-	-	-	-	-	98,571	257,716	42,914	-
LINE 3 GROSS PROFIT	304,425	33,058	-	-	-	-	-	-	-	134,443	305,245	42,649	-
LINE 12 OTHER INCOME	-	-	-	196,798	-	30,769	12,830	9,590	163,099	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-	-	-	-	-
Fees & Rights	-	-	495,606	-	-	-	-	-	-	-	-	-	-
Renials	-	7,215	-	-	25,410	-	-	9,590	-	-	-	-	101,524
TOTAL OTHER INCOME	-	7,215	495,606	136,798	25,410	30,769	12,830	9,590	163,099	-	-	-	101,524
LINE 13 TOTAL INCOME	304,425	40,273	495,606	136,798	25,410	30,769	12,830	9,590	163,099	134,443	305,245	42,649	101,524
LINE 15 SALARIES & WAGES	433,874	34,477	181,145	102,518	-	2,642	4,356	4,940	46,631	68,341	175,845	26,866	-
LINE 16 REPAIRS	-	-	-	-	-	-	-	-	-	-	-	-	-
LINE 18 INTEREST	-	-	-	-	-	-	-	-	-	-	-	-	-
LINE 21 DEPRECIATION	-	651	5,992	10,463	-	557	6,118	276	543	-	10,079	1,892	2,016
LINE 28 OTHER DEDUCTIONS	-	-	-	-	-	-	-	-	-	-	-	-	-
Printing	-	-	-	-	-	-	-	-	-	-	-	-	-
Operating	-	6,180	244,919	25,203	20,044	-	4,356	-	3,718	46,317	73,259	9,820	27,774
Supplies	-	-	-	-	6,563	64	1,616	134	-	1,140	3,762	494	596
Utilities	-	9,632	667	996	27,989	290	838	3,190	-	11,052	29,481	4,333	16,265
Overhead	-	4,448	33,735	7,577	-	-	-	-	-	-	-	-	-
Net Related Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER DEDUCTIONS	-	20,260	279,321	33,776	54,596	354	6,810	3,264	6,414	58,509	106,502	14,647	44,633
LINE 29 TOTAL DEDUCTIONS	433,874	55,388	466,398	146,751	54,596	3,553	17,284	8,480	53,588	126,850	292,426	43,405	46,649
LINE 30 UBIT Before NOL	\$ (129,449)	\$ (15,115)	\$ 29,208	\$ (9,959)	\$ (29,186)	\$ 27,216	\$ (4,456)	\$ 1,110	\$ 109,511	\$ 7,593	\$ 12,819	\$ (756)	\$ 54,875

SCHEDULE A - COST OF GOODS SOLD

LINE 1 BEGINNING INVENTORY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LINE 2 PURCHASES	2,394,443	27,265	-	-	-	-	-	-	-	96,765	257,716	42,914	-
LINE 3 COST OF LABOR	-	-	-	-	-	-	-	-	-	-	-	-	-
LINE 4 a) 263A COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-
b) OTHER	-	-	-	-	-	-	-	-	-	-	-	-	-
LINE 5 TOTAL	2,394,443	27,265	-	-	-	-	-	-	-	96,765	257,716	42,914	-
LINE 6 ENDING INVENTORY	-	-	-	-	-	-	-	-	-	-	-	-	-
LINE 7 COST OF GOODS SOLD	\$ 2,394,443	\$ 27,265	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 96,765	\$ 257,716	\$ 42,914	\$ -

UNIVERSITY OF NEBRASKA
 UNRELATED BUSINESS INCOME SCHEDULE
 YEAR ENDED JUNE 30, 2012
 FPN #47-0049123

FORM 990 PARTS I AND II	MAIL SERVICES DFTL	PARKING SERVICES DFTL	TOTAL ENL	BOOKSTORE DFTL	SORRELL EVENTS DFTL	ALUMNI CENTER DFTL	OPTICAL SHOP DFTL	TOWER RENTALS DFTL	VIRTUAL INCEPTION DFTL	UTILITIES DFTL	TOTAL DFTL	CHILD CARE CENTER DFTL
LINE 1 GROSS RECEIPTS OR SALES	\$ 11,526	\$ -	\$ 4,348,700	\$ 9,728	\$ -	\$ -	\$ 69,885	\$ -	\$ -	\$ -	\$ 79,613	\$ -
LINE 2 COST OF GOODS SOLD	10,919	-	3,226,179	7,013	-	-	40,873	-	-	-	47,886	-
LINE 3 GROSS PROFIT	607	-	1,122,521	2,715	-	-	29,012	-	-	-	31,727	-
LINE 12 OTHER INCOME	-	-	252,468	-	-	-	-	-	-	-	-	-
Advertising	-	-	1,290,067	-	-	-	-	-	-	-	-	-
Fees & Rights	-	-	597,077	-	5,254	-	-	-	1,087	27,280	33,621	65,409
Rentals	-	5,622	-	-	-	4,660	-	20,400	-	-	25,060	-
TOTAL OTHER INCOME	-	5,622	2,079,612	-	5,254	4,660	-	20,400	1,087	27,280	58,681	65,409
LINE 13 TOTAL INCOME	607	5,622	5,202,133	2,715	5,254	4,660	29,012	20,400	1,087	27,280	90,408	65,409
LINE 15 SALARIES & WAGES	893	1,013	1,631,615	1,412	3,194	1,062	22,630	-	-	6,055	34,353	46,410
LINE 16 REPAIRS	-	-	8,384	-	-	-	-	-	-	-	-	-
LINE 18 INTEREST	-	3,195	-	-	-	-	-	-	-	-	-	-
LINE 21 DEPRECIATION	110	993	130,427	16	-	-	2,975	-	-	1,648	4,639	-
LINE 28 OTHER DEDUCTIONS	-	-	-	-	-	-	-	-	-	-	-	-
Printing	-	-	-	-	-	-	-	-	-	-	-	-
Operating	539	1,646	747,900	577	1,208	-	2,767	-	1,151	14,456	20,159	30,046
Supplies	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	30	-	49,049	-	-	-	-	-	-	3,655	3,655	-
Overhead	591	95	441,755	720	8,296	3,634	3,051	-	53	1,466	17,220	-
Net Related Expenses	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER DEDUCTIONS	1,100	1,741	1,238,704	1,297	9,504	3,634	5,818	-	1,204	19,577	41,034	30,046
LINE 29 TOTAL DEDUCTIONS	2,103	6,942	3,009,130	2,725	12,698	4,696	31,423	-	1,204	27,280	80,026	76,456
LINE 30 UBIT Before NOL	\$ (1,496)	\$ (1,320)	\$ 193,003	\$ (10)	\$ (7,444)	\$ (36)	\$ (2,411)	\$ 20,400	\$ (17)	\$ -	\$ 10,382	\$ (11,047)

SCHEDULE A - COST OF GOODS SOLD

LINE 1 BEGINNING INVENTORY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LINE 2 PURCHASES	10,919	-	96,765	6,633	-	-	5,217	-	-	-	11,850	-
LINE 3 COST OF LABOR	-	-	3,219,122	-	-	-	41,874	-	-	-	41,874	-
LINE 4 a) 263A COSTS	-	-	7,057	3,055	-	-	-	-	-	-	3,055	-
b) OTHER	-	-	-	-	-	-	-	-	-	-	-	-
LINE 5 TOTAL	10,919	-	3,322,944	9,688	-	-	47,091	-	-	-	56,779	-
LINE 6 ENDING INVENTORY	-	-	96,765	2,675	-	-	6,218	-	-	-	8,893	-
LINE 7 COST OF GOODS SOLD	\$ 10,919	\$ -	\$ 3,226,179	\$ 7,013	\$ -	\$ -	\$ 40,873	\$ -	\$ -	\$ -	\$ 47,886	\$ -

UNIVERSITY OF NEBRASKA
 UNRELATED BUSINESS INCOME SCHEDULE
 YEAR ENDED JUNE 30, 2012
 FTN #47-0049113

FORM 990T PARTS I AND II	RESIDENCE LIFE UNK	CHILD CARE CENTER UNK	FACILITIES RENTAL UNK	PRINTING COPY SERVICE UNK	UNIVERSITY NEWSPAPER UNK	NEBRASKAN STUDENT UNION UNK	TOTAL UNK	COSTS OF PREPARATION AND FILING	TOTAL ALL CAMPOSES
LINE 1 GROSS RECEIPTS OR SALES	\$ -	-	-	-	-	-	-	-	\$ 4,428,313
LINE 2 COST OF GOODS SOLD	-	-	-	-	-	-	-	-	3,274,065
LINE 3 GROSS PROFIT	-	-	-	-	-	-	-	-	1,154,248
LINE 12 OTHER INCOME	-	-	-	-	-	-	-	-	276,760
Advertising	-	-	-	-	24,292	-	24,292	-	-
Fees & Rights	-	720	-	1,848	-	-	2,568	-	1,331,665
Rentals	11,036	-	17,623	-	-	680	29,339	-	651,478
TOTAL OTHER INCOME	11,036	720	17,623	1,848	24,292	680	56,199	-	2,259,901
LINE 13 TOTAL INCOME	11,036	720	17,623	1,848	24,292	680	56,199	-	3,414,149
LINE 15 SALARIES & WAGES	6,376	585	5,766	1,757	3,330	343	18,157	13,654	1,744,189
LINE 16 REPAIRS	-	-	-	-	-	-	-	-	-
LINE 18 INTEREST	-	-	-	-	-	-	-	-	8,384
LINE 21 DEPRECIATION	-	-	-	-	-	-	-	-	135,066
LINE 28 OTHER DEDUCTIONS	-	-	-	-	-	-	-	-	-
Printing	-	-	-	-	-	-	-	-	-
Operating	135	112	18,060	778	5,457	66	24,608	2,500	825,213
Supplies	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	52,704
Overhead	-	246	2,472	676	1,399	124	4,867	-	463,842
Net Related Expenses	-	-	-	-	-	-	-	-	-
TOTAL OTHER DEDUCTIONS	135	358	20,482	1,454	6,856	190	29,475	2,500	1,341,759
LINE 29 TOTAL DEDUCTIONS	6,511	943	26,248	3,211	10,186	533	47,632	16,154	3,229,398
LINE 30 UBTI Before NOL	\$ 4,525	\$ (223)	\$ (8,625)	\$ (1,363)	\$ 14,106	\$ 147	\$ 8,567	\$ (16,154)	\$ 184,751

SCHEDULE A - COST OF GOODS SOLD	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6	LINE 7
BEGINNING INVENTORY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,615
PURCHASES	-	-	-	-	-	-	3,260,996
COST OF LABOR	-	-	-	-	-	-	10,112
a) 26GA COSTS	-	-	-	-	-	-	-
b) OTHER	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	3,379,723
ENDING INVENTORY	-	-	-	-	-	-	105,658
COST OF GOODS SOLD	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,274,065

Form **8868**

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. University of Nebraska	Employer identification number (EIN) or <input checked="" type="checkbox"/> 47-0049123
	Number, street, and room or suite no. If a P.O. box, see instructions. 3835 Holdrege Street	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lincoln, Nebraska 68583-0742	
	File by the due date for filing your return. See instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► University of Nebraska Vice Present for Business and Finance Office

Telephone No. ► 402.472.2191 FAX No. ► 402.472.7144

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 _____ or

► tax year beginning July 1, 20 11, and ending June 30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or <input type="checkbox"/>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6089	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6089, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *J. Wilbeck* Title _____ Date 10-03-12